

CAP LPX Survey Set B rule-out specimens received by MTPHL

The CAP LPX survey Set B specimens sent to MTPHL for BT rule-out have arrived. Once we receive the survey results from CAP, we will email an exercise After Action Report to all the participating laboratories.

For those of you who do not currently participate in the CAP LPX surveys, there is still time to register for the 2015 CAP LPX Set B, which will be sent out in September.

MTPHL encourages all qualified microbiology laboratories, especially those recognized as sentinel laboratories, to participate in the CAP LPX surveys. Challenges are shipped twice a year and give sentinel laboratories an opportunity for hands on use of the ASM guidelines for rule-out testing. Referral of cultures that cannot be ruled out gives laboratories an opportunity to exercise proper MTPHL notification procedures and proper packaging and shipping procedures. The cost of the survey will be reimbursed, upon request, by MTPHL. If you are interesting and would like more information, please contact Lana Moyer, lmoyer@mt.gov or Crystal Fortune, cfortune@mt.gov.

DPHHS Ebola Exercise

DPHHS collaborated with Cascade and Beaverhead county public health to conduct a full-scale exercise to validate the state Ebola Virus Disease Plan. The scenario was designed to test our ability to monitor two persons of interest (POI) from the time they arrived in Montana and respond appropriately, as they developed symptoms of concern. Cascade County volunteered to participate, along with Benefis Hospital in Great Falls. Beaverhead County also volunteered, along with Barrett Hospital in Dillon.

Both Cascade and Beaverhead County Public Health partnered with their community hospitals as well as their local emergency medical services transport units. They conducted direct active monitoring of a POI, development of a care-plan, medical transport of the patient, isolation procedures within their hospital, specimen collection, specimen transport, contact investigations, and facilitated clean-up of the Ebola patients residence.

DPHHS coordinated monitoring of the POI, tested consultation protocols with CDC, and practiced transport, receipt, and testing of simulated Ebola samples at the Montana Public Health Laboratory (MTPHL).

Overall, local health jurisdictions, hospitals, EMS services, The Communicable Disease Control and Prevention Bureau and MTPHL performed very well. The State Ebola Response plan will be updated to reflect lessons learned from the exercise.



CDC Funding Opportunity for Clinical Laboratories

The Centers for Disease Control and Prevention (CDC) invites applications for a recently announced Funding Opportunity Announcement (FOA) on www.Grants.Gov. The purpose of the project is to evaluate the clinical laboratory practice recommendations for reducing blood sample hemolysis rates developed through the Laboratory Medicine Best Practice (LMBPTM) initiative of the CDC. The project seeks to measure the extent of improvement that results from implementation of these evidence-based best practice recommendations. The project can be implemented as a study conducted in multiple institutions or facilities in a healthcare system. The purpose is limited to quality improvement associated with delivering healthcare, and the associated measuring and reporting of performance data.

More details can be found [here](#). Search for **FOA CDC-RFA-OE15-1503**. Applications are due on **May 12**.

Updates from the MT
Laboratory Services

Bureau

800-821-7284

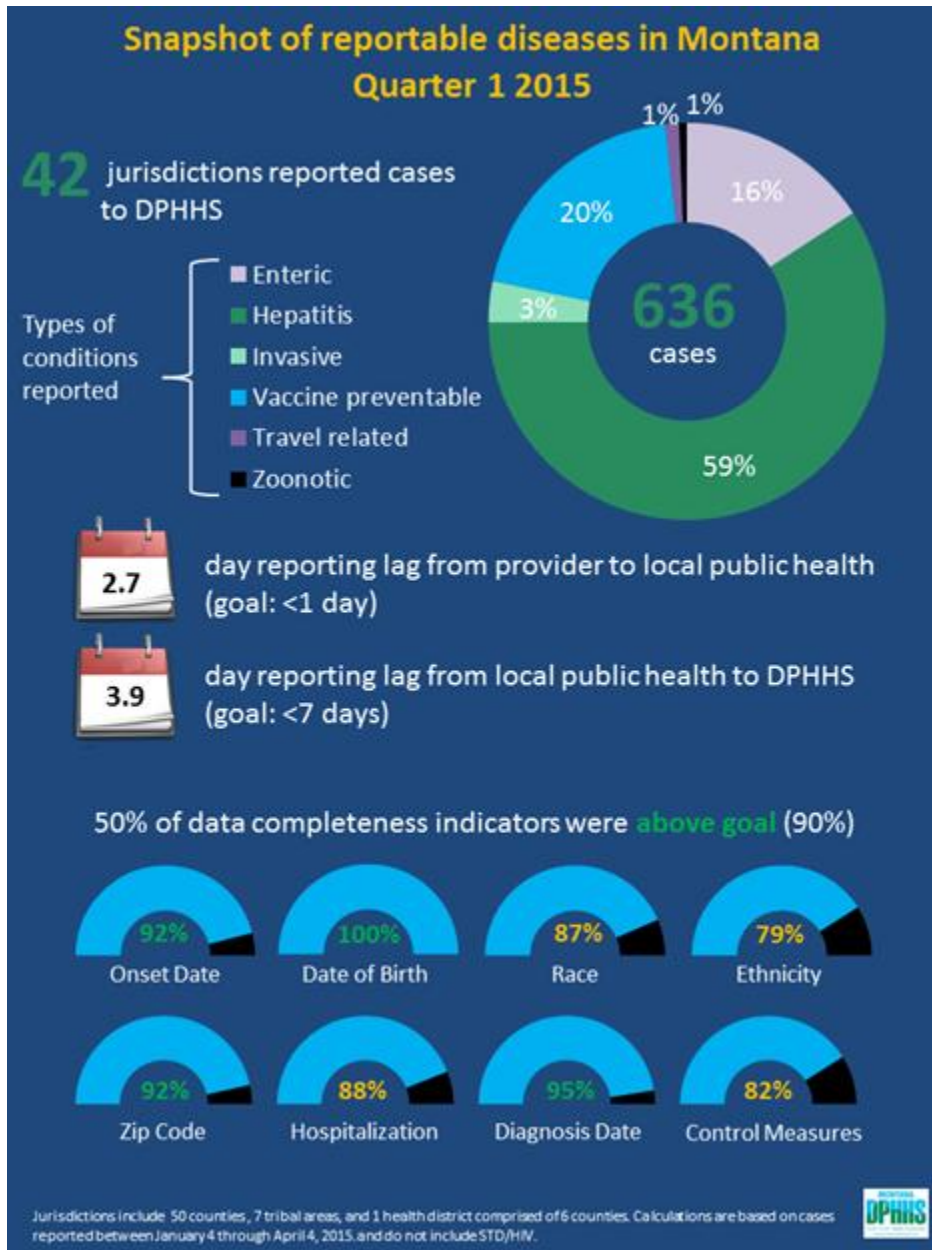
www.lab.hhs.mt.gov



Montana Communicable Disease Weekly Update

Release date: 4/17/2015

Infographic of the Week: This week we present a summary of cases reported to DPHHS during the first quarter of 2015, including state averages for data completeness and timeliness of reporting. (Note: This summary does not include STD/HIV). Individual reconciliation reports will be out soon. See information below.



DISEASE INFORMATION

Summary – MMWR Week 14 - Ending 4/11/15 Preliminary disease reports received at DPHHS for the reporting period April 5–11, 2015 included the following:

- **Vaccine Preventable Diseases:** Influenza hospitalization (4), Pertussis (1), Varicella (3)
- **Invasive Diseases:** *Streptococcus pneumoniae* (1)
- **Enteric Diseases:** Campylobacteriosis (7), Cryptosporidiosis (1), Giardiasis (1), Shiga toxin producing *E. coli* [STEC] (1)
- **STD/HIV:** Chlamydia (65), Gonorrhea (11), Syphilis (0), HIV* (0)
- **Hepatitis:** Hepatitis C, chronic (21)
- **Vector-borne Diseases:** (0)
- **Travel Related Conditions:** Coccidioidomycosis (1)
- **Animal Rabies:** (0)
- **Elevated blood lead:** (4)

* A case is included if a new confirmatory test or report was received by DPHHS. Cases include both persons who were newly diagnosed and persons newly reported in Montana who may have been diagnosed in another state or country.

NOTE: The attached reports have multiple pages reflecting the following information: (1) cases for the past reporting week; (2) communicable diseases YTD; (3) clusters and outbreaks; and (4) a quarterly HIV/STD summary.

HOT TOPICS

Shigella: Montana has experienced four cases of shigellosis in recent months that show high resistance patterns to antibiotics. At this time we have identified cases in the general population without any notable risk factors as well as others that identified MSM (men who have sex with men) as a risk factor. No children or day care facilities have been affected by this strain in Montana, but our concern is that this resistant strains grabs hold in your communities and becomes very difficult to treat and control.

More information is found in the recent [MMWR](#) from CDC regarding this nationwide outbreak affecting many states including Montana. Please review the MMWR for further details. CDEpi is collaborating with the HIV prevention program for targeted outreach to the MSM population and our laboratory has reached local laboratories regarding the current situation, requirements for isolate submission and requests for antibiotic susceptibility testing.

The linked MMWR notes: “Health care providers should culture the stool specimens of patients with symptoms consistent with shigellosis, reculture the stool of patients who fail to improve after antimicrobial therapy, and test bacterial pathogens for antimicrobial susceptibility. Reserving antimicrobial treatment for immunocompromised patients and patients with severe shigellosis and using antimicrobial susceptibility data strategically to guide therapy might help preserve the utility of such medications.”

- <http://www.cdc.gov/shigella/>
- <http://www.cdc.gov/shigella/msm.html>

Springtime and seasonal messaging: DPHHS CDEpi will be rolling out a Tick borne disease press release in the upcoming week and we will provide you with an advance copy. With our residents spending more time outdoors we need to remind them of the potential risks associated with their outdoor experiences.

Information on how to prevent exposures to these risks can be found on the DPHHS website, at <http://dphhs.mt.gov/publichealth/cdepi/diseases> or the CDC website <https://www.cdc.gov>. Please review the prevention materials and disseminate to your residents as appropriate. Please call CDEpi at 406-444-0273 if you have questions.



Respiratory Syncytial Virus (RSV): 2014–15 RSV activity is declining, but is still at seasonal levels. RSV season onset is determined as the first of two consecutive weeks when the positivity rate of RSV testing is $\geq 10\%$. All regions in Montana are at seasonal activity. Weekly seasonal data can be found at <http://dphhs.mt.gov/publichealth/cdepi/diseases/rsv.aspx>. **As part of your actively surveillance efforts, please contact your labs to remind them of the need for continued reporting.**

Influenza: Influenza activity continued at regional activity during the week of April 5–11, 2015 with

67 cases reported. The majority of cases, as well as hospitalizations have been due to influenza B. CDC notes that during week 14 (April 5-11, 2015), influenza activity continued to decrease in the United States. Please visit the CDEpi [Montana Influenza Summary](#) for additional information on the 2014-15 Montana influenza season. CDC's National influenza information including activity reports are found at <http://www.cdc.gov/flu/weekly/>

A note on influenza reporting: cases may be declining, but influenza season is not over yet! Please remember to enter your flu case counts into MIDIS as early in the week as possible through the end of the 2014-15 season (June 1). If you do not have any new flu cases to report, then please enter zero.

Dog Flu?: Reports of canine influenza A H3N2 infections have been reported in dogs in the Chicago area. CDC has posted an update on this outbreak as a CDC Flu Spotlight available at <http://www.cdc.gov/flu/news/canine-influenza-update.htm>.

INFORMATION/ANNOUNCEMENTS

Reconciliation reports: Your next reconciliation report for cases reported from January 4 through April 4, 2015 will arrive today by ePass. Please complete your reconciliation with the CDEpi section and STD program by May 1, 2015. If you do not receive a report or have any questions about the reconciliation process, please email sanderson2@mt.gov

New ELR laboratory: ARUP, a large reference lab in Salt Lake City, is now sending electronic laboratory reports (ELR) to MIDIS. Lab reports from ARUP will now be delivered to your Documents Requiring Review queue and no longer faxed.

REMINDER: Please do not include names in email correspondence regarding cases. Email is not completely secure and can be subject to Freedom of Information Requests thereby causing problems.

Quadravalent Influenza Vaccine Recall: GlaxoSmithKline (GSK) has notified CDC and FDA that it is recalling remaining doses of its 2014-2015 FluLaval® quadrivalent thimerosal-free pre-filled syringes (PFS) flu vaccine because the potency of the vaccine has fallen below specifications. CDC has issued a statement that is available on the CDC website, “[GlaxoSmithKline \(GSK\) Reports Flu Vaccine Recall](http://www.cdc.gov/flu/news/gsk-flu-vaccine-recall.htm)” (<http://www.cdc.gov/flu/news/gsk-flu-vaccine-recall.htm>). GSK has posted [a recall letter](#) (https://www.gskvaccinesdirect.com/gsk/en/US/htdocs/FINAL_Recall_Letter_FluLaval_QIV_PFS.pdf) on its website.

OTHER RESOURCES

Influenza 2014-2015 Season (CDC): <http://www.cdc.gov/flu/about/season/>

Influenza (DPHHS): <http://dphhs.mt.gov/publichealth/cdepi/diseases/influenza.aspx>

Ebola: <http://www.cdc.gov/vhf/ebola/>

Norovirus: <http://dphhs.mt.gov/publichealth/cdepi/diseases/norovirus>

Pertussis: <http://www.dphhs.mt.gov/publichealth/cdepi/diseases/pertussis.aspx>

Measles: <http://dphhs.mt.gov/publichealth/cdepi/diseases/measles>

Mold: <http://dphhs.mt.gov/publichealth/cdepi/diseases/mold.aspx>

24/7 AVAILABILITY

The Communicable Disease Epidemiology (CDEpi) Program is available 24 hours a day, 7 days a week, 365 days a year, to assist local health jurisdictions. Local providers should call, including after normal business hours, their local health jurisdiction. The CDEpi 24-hour line is available as a back-up to the local health jurisdiction’s 24-hour line. If you need CDEpi assistance, please call 406.444.0273. Phone calls to this number outside of normal business hours will be answered by the answering service. The answering service will immediately forward the message to CDEpi, and we will respond as quickly as possible.

Local health jurisdictions, please ensure that your local providers have your 24/7/365 contact information. And please inform CDEpi or the Public Health Emergency Preparedness Program of updates to your required 24/7 contact information.

This update is produced by the Montana Communicable Disease Epidemiology Program. Questions regarding its content should be directed to 406.444.0273 (24/7/365). For more information: <http://dphhs.mt.gov/publichealth/cdepi>